

**Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138**

BAYFIELD COUNTY, WISCONSIN

Oct 03 2016

Bayfield Co. Zoning Dept.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.hayfieldcountry.org/coming.asp)

Permit #:	116-0360
Date:	10-10-16
Amount Paid:	\$215 10-3-16
Refund:	

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Michael J. Berthiaume				Mailing Address:		A.O. Box 69 Rancho La Puerta Tecate, CA 91980	
Address of Property:		55565 George Lake Rd.				City/State/Zip:		B.M.A.I. Rancho La Puerta Tecate, CA 91980	
Contractor:						Contractor Phone:		Plumber:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))						Agent Phone:		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION		CLEARWAKE Pkwy to Patriciahami Legal Description: (Use Tax Statement) LOT 27 IN V. 1048 P. 362 2271				PIN: (23 digits) 04-004-2-45-09-13-4 00-146-21000		Recorded Document: (i.e. Property Ownership) Volume 1042 Page(s) 202 2271	
1/4, _____ 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
				27				27	
Section 18, Township 45 N, Range 09 W		Town of:		Barnes		Lot Size		Acreage .930	

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →	Distance Structure is from Shoreline : _____ feet	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →	Distance Structure is from Shoreline : <u>43</u> feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 8,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well _____
	<input checked="" type="checkbox"/> 602460	<input type="checkbox"/> _____				

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 16'	Width: 10'	Height: 12'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use		<input type="checkbox"/> Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
		Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
		Mobile Home (manufactured date) _____	(X)	
		Addition/Alteration (specify) _____	(X)	
		Accessory Building (specify) _____	(X)	
		Accessory Building Addition/Alteration (specify) _____	(X)	
		Special Use: (explain) _____	(X)	
		Conditional Use: (explain) _____	(X)	
	✓	Other: (explain) <u>69260</u>	(10 x 16)	1160

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I/we declare that this application, including any accompanying information has been examined by me/us and to the best of my/our knowledge and belief it is true, correct and complete. I/we acknowledge that I/we am/are responsible for the detail and accuracy of all information I/we am/are providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I/we further accept liability which may be a result of Bayfield County relying on this information. I/we am/are providing in or with this application, I/we consent to county officials charged with administering county ordinances to the above described property at any reasonable time for the purpose of inspection.

/

Owner(s): William J. McCarver

Date 10/1/16

Authorized Agent: _____

Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 10222 20th Ave E Superior, WI 54880

Attach
Copy of Tax Statement

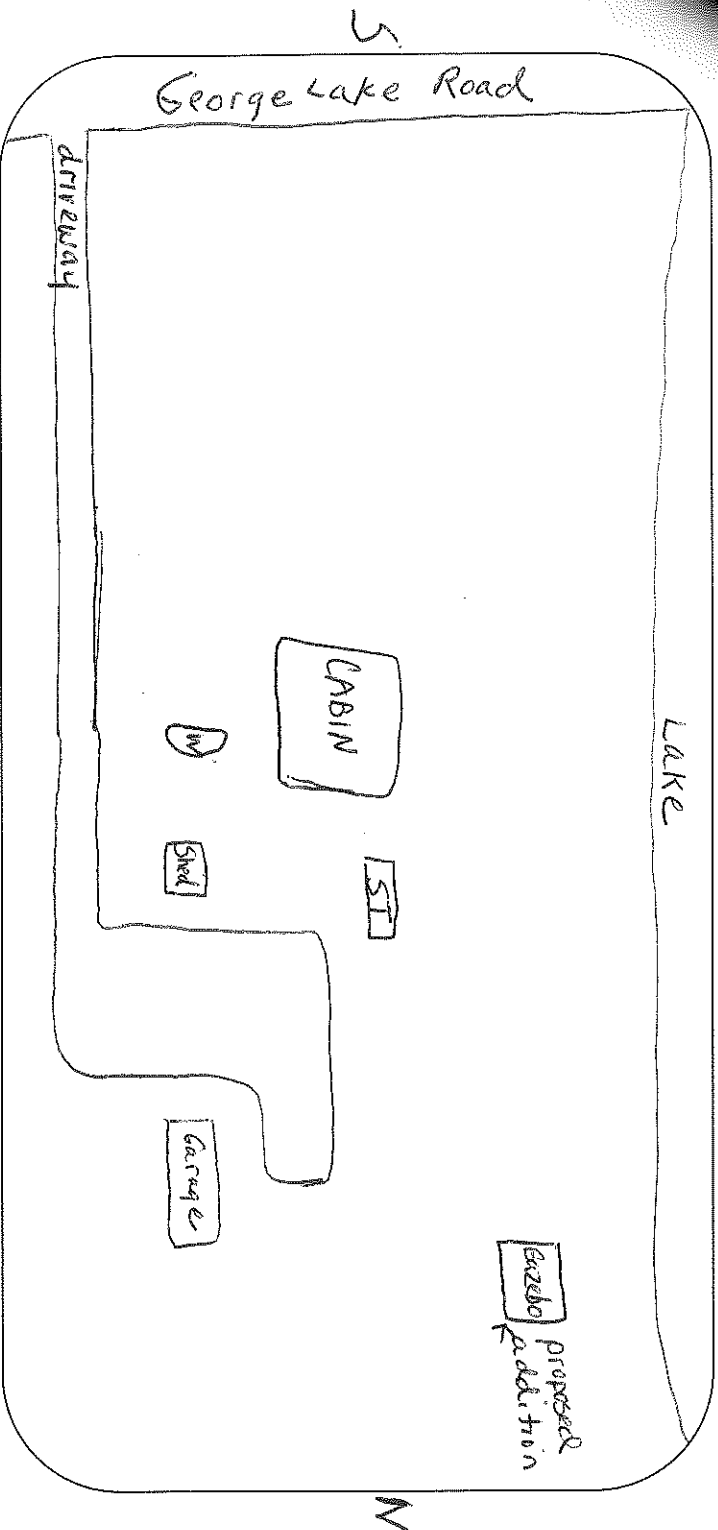
Address to send permit 1022 20th Ave, Superior, WI 54780 Copy of tax statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
(2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

E

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	98 Feet	Setback from the Lake (ordinary high-water mark)	45 Feet
Setback from the Established Right-of-Way	130 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	15 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	40 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	45 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	90 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	65 Feet	Setback to Well	100 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-03400		Permit Date: 10-10-16			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes		<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: Site Sketch				Zoning District (R1) Lakes Classification (3)	
Date of Inspection: 10-6-16		Inspected by: [Signature]		Date of Re-Inspection:	
Conditions: I own, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached.					
No notes under permit must be an open stake striking in with Affidavit					
Signature of Inspector: [Signature]		Date of Approval: 10-10-16			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Rec'd (Received)
OCT 03 2016
Bayfield Co. Zoning Dept.

ENTERED Permit #
16-0361
Date: 9-29-16
Amount Paid: \$750-3-16
Refund:

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
Wayne Boelk		50240 Lake RD		Barre, WI 54873		715 795 3158		
Address of Property:		City/State/Zip:		Barre, WI 54873		Cell Phone:		
50240 Lake RD						715 580 0246		
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:		
TINK Hendricks		226-1863				715 580 0246		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-2-45-09-34-4-03-000	Recorded Document: (i.e. Property Ownership) Volume 1002		Page(s) 640			
	SMD 1/4, SE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 34, Township 45N, N, Range 09E, W		Town of: Barre		Lot Size		Acreage		
						6 acres		
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet						
<input checked="" type="checkbox"/> Non-Shoreland								

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 6,200.00	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>CMU</u>
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u>CMU</u>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 32'	Width: 28'	Height: 14'
Proposed Construction:	Length: 14'	Width: 28'	Height: 14'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
<input checked="" type="checkbox"/> Rec'd for Issuance	with Loft	()	
	with (2nd) Porch	()	
OCT 10 2016	with a Deck	()	
	with (2nd) Deck	()	
<input type="checkbox"/> Commercial Use	with Attached Garage	()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	()	
	Addition/Alteration (specify)	()	
<input checked="" type="checkbox"/> Accessory Building	Accessory Building (specify)	()	
	Accessory Building Addition/Alteration (specify)	(14 x 28)	392
<input type="checkbox"/> Special Use: (explain)	Special Use: (explain)	()	
	Conditional Use: (explain)	()	
<input type="checkbox"/> Other: (explain)	Other: (explain)	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Wayne Boelk
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 9-27-16

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 50240 Lake RD Barre, WI 54873

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:**
Proposed Construction
(1) Show / Indicate: North (N) on Plot Plan
(2) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show: All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	333 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	320 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	380 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	333 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	340 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

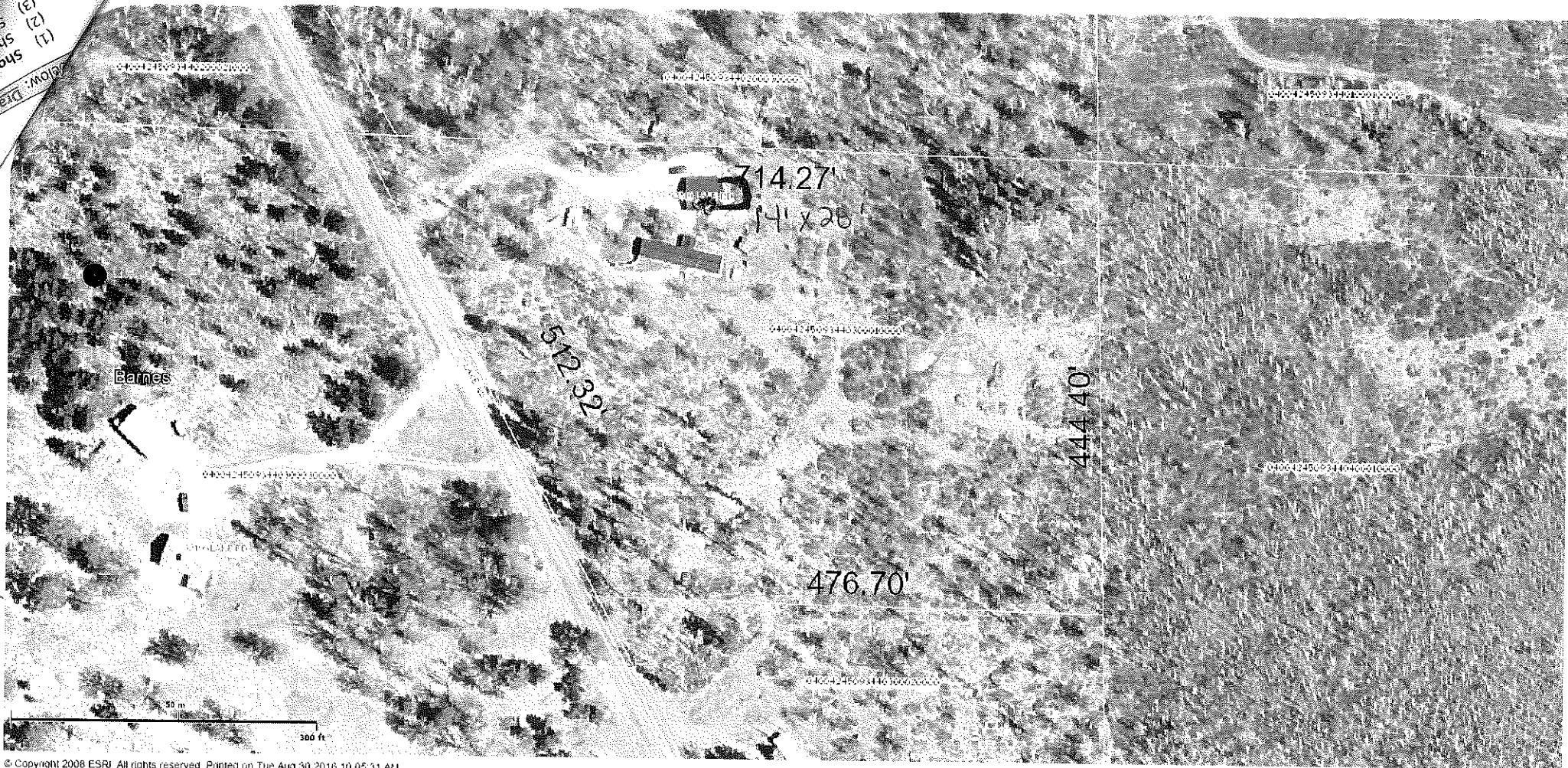
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-0361		Permit Date: 10-16-16			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Inspected by: OK to Start		Inspected by: JRC		Zoning District: (F1) Lakes Classification: ()	
Date of Inspection: 10-6-16		Inspected by:		Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No they need to be attached.) Not for human habitation No water pressure					
Signature of Inspector: JRC					Date of Approval: 10-7-16
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	

eld County, WI

Below: Draw
(1) Show
(2) Show
(3) Show
(4) Show
(5) Show



STANDARD COMPLETED APPLICATION-TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
OCT 04 2016
Bayfield Co. Zoning Dept.

Permit #: 16-6346
Date: 10-14-16
Amount Paid: \$4,000 10516
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER		
Owner's Name:		Daniel Steinhauser				Mailing Address:		City/State/Zip:	Telephone:	
Address of Property:		2295 Lake Rd.				City/State/Zip:		612-328-2442	Cell Phone:	
Contractor:		Ken Lacey				Contractor Phone:		715-492-0034	Plumber:	
Authorized Agent: (person signing Application on behalf of Owner(s))		Ken Lacey				Agent Phone:		715-492-0034	Plumber:	
PROJECT LOCATION		Legal Description: (Use Tax Statement)				PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		
1/4, 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Volume	Page(s)
Section 8, Township 44 N, Range 9 W		5+6	2	704	5 56				1161	793
Distance Structure is from Shoreline:		115'				Distance Structure is from Floodplain Zone?		Is Property in Floodplain Zone?		Are Wetlands Present?
<input checked="" type="checkbox"/> Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
130000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input checked="" type="checkbox"/> 4	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 120'	Width: 82'	Height: 27'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/> with Loft	(X)	
	<input type="checkbox"/> with a Porch	(X)	
	<input type="checkbox"/> with (2 nd) Porch	(X)	
	<input type="checkbox"/> with a Deck	(X)	
	<input type="checkbox"/> with (2 nd) Deck	(X)	
	<input type="checkbox"/> with Attached Garage	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/> Addition/Alteration (specify)	(X)	
	<input type="checkbox"/> Accessory Building (specify)	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain)	(X)	
	<input type="checkbox"/> Conditional Use: (explain)	(X)	
	<input type="checkbox"/> Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Ken Lacey
Authorized Agent: Ken Lacey
Date: 10-04-16
Attach: Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	900 Feet	Setback from the Lake (ordinary high-water mark)	115 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	850 ± Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	115 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	25 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	25 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	40 Feet
Setback to Drain Field	180 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

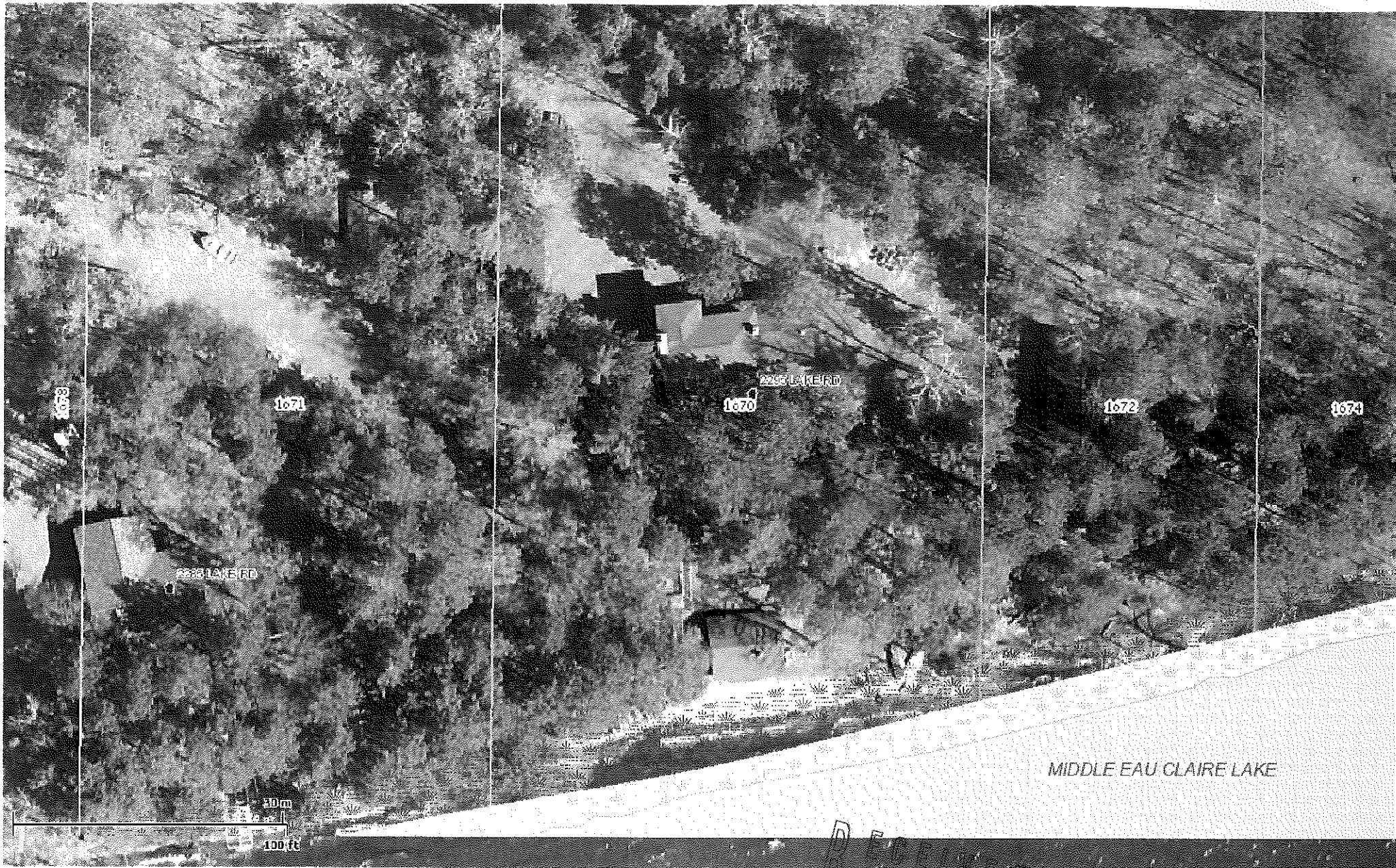
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 16-1355	# of bedrooms:	Sanitary Date: 10-11-16	
Permit Denied (Date):	Reason for Denial:				
Permit #: 160386	Permit Date: 10-14-16				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous Lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously granted by Variance (B.O.A.) Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: Must get uol				Zoning District (R3) Lakes Classification (1)	
Date of Inspection: 10-6-16	Inspected by: [Signature]			Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
Must get uol					
Signature of Inspector: [Signature]				Date of Approval: 10/13/16	
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		



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OCT 04 2016
Bayfield Co. Zoning Dept.